	OST REIMBUR	(Department, bur	eau, or establishment)			-	PA	ID BY	
Voucher prep	ared at		(Give place and date)			-	<i></i>	<i>^</i> ,,	
THE UNITED :			Payee's Account No			Enc f #			
		•					777-24	122-5	
To		(Pa	iyee)			-	COPY /	OF 2	
	(Ad	dress)	(City)	(State)		UNIT	PRICE	Al	
No. and Date of Order	Date of Delivery or Service	(Enter description, it	em number of contract or her information deemed r	Federal supply necessary)	QUANTITY	UNIT PRICE Cost Per		Doi	
		Discount Terms		 	_			-	
		, , ,						\$15	
		Cost						φτΣ	
PAYMENT:									
Complete									
Partial		.,					1.	1	
	1		tinuation sheet(s) if necessar	vernment B/L No.	1		Total	\$15	
hipped from					yee must NO	T use this		<u>Ψ</u>	
I certify that the	above bill is correct	ct and just and that payme	nt has not been received.	Differe	nces			1	
		(Sign original only)		Dinere	IICE8				
		, • • • • • • • • • • • • • • • • • • •							
Date 3-24	-59 *Pavee		*==-4-=============					***	
		ike c	ertificate is made by payee on attached	Amo	ount verified;	_	n	13	
Per .				(Sig	nature or init				
Contract No.	(1101	Date	Reg. No.		Date		Invoice Rec	'd.	
Pursuant to suth	ority yested in me	I certify that this account	is correct and proper for p	ayment.					
† Approved for \$		~~~	CLON	Ť	(Authori	zed Certify	ying Officer)		
D.,			SIGN ORIGINAL	Title					
Dy			ONLY						
Title				Date					
	•	THIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE OR S	SERVICES SECURED WIT	HOUT WRITTEN	AGREEMENT	IN ANY FORM	1	
		JNTING CLASSIFICATION		· · · · · · · · · · · · · · · · · · ·					

